Late Independent Expenditure Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

| NAME OF FILER Strengthening Our Lives Through Education, Community Action and Civic Participation, a Coalition of Labor Organizations- Issues Committee AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) | | | | Date of This Filing11/06/2006 | | Date Stamp | CALIFORNIA FORM | 496 | | |
|--|--------------------------------|----------------------------|---------------|--|--|-------------------------|---------------------------|--------------|----------|--|
| (310)458-6777 1280704 | | | | Report | No102206-1 | | For Official U | Jse Only | | |
| STREET ADDRESS | | | | Page 1 of 2 Amendment to Report No003 | | | | | | |
| CITY STATE Sacramento CA | | ZIP CODE 95841 | | (explain below) No. of Pages2 | | | | | | |
| 1. List Only One Can | ndidate or Ballot Measure | | | | | | | | | |
| NAME OF CANDIDATE SUPPORTED OR OPPOSED | | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Government Aquisitions, Regulation of Private Property | | | | | |
| OFFICE SOUGHT OR HELD/DISTRICT NO. | | | SUPPORT | OPPOSE | | BALLOT NO./LETTER 90 | JURISDICTION Statewide | SUPPO | OPPOSE X | |
| 2. Independent Expe | enditures Made Attach ac | ditional info | mation on app | ropriately lab | eled continu | uation sheets. | | | ı | |
| DATE | | DESCRIPTION OF EXPENDITURE | | | | | | AMOL | AMOUNT | |
| 11/06/2006 | Voter Contact (Estimate 10/22/ | /06-11/7/06) | | | | | | \$118,192.80 | | |
| | | | | | | | | | | |
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Reason for Amendment:

Replaces previous estimate, update estimated voter contact.

Late Independent Expenditure Report

CALIFORNIA 496

| NAME OF FILER | I.D. NUMBER (If a | applicable) |
|---------------|-------------------|-------------|
| | | |

3. Contributions of \$100 or More Received* IF AN INDIVIDUAL, ENTER OCCUPATION FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR **AMOUNT** DATE AND EMPLOYER INTEREST RATES (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE** **RECEIVED** RECEIVED (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) If loan, COM enter interest rate, if any OTH ☐ PTY □ scc ☐ IND If loan, COM enter interest rate, if any OTH ☐ PTY □ scc If loan, СОМ enter interest rate, if any OTH PTY SCC If loan, □ сом enter interest rate, if any OTH □ PTY ☐ SCC If loan, COM enter interest rate, if any Потн PTY SCC If loan, □ сом enter interest rate, if any OTH ☐ PTY SCC

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3. **Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772